IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO

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DAVID T. Ball	APR 0 7 2020
(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)	RICHARD W. NAGEL, CLERK OF COURT
IF THE PLAINTIFF IS A PRISONER: PRISONER # 165232	COLEMBIO, CHIO
VS.	9 9 0 0 77 1 1/5 0
State of Ohio	2 2 0 C V 1 7 5 9
(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)	Judge Smith
IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:	•
Ohio Department of Rehabilitation and Cor	MAGISTRATE JUDGE DEAVERS
COMPLAINT	
I. PARTIES TO THE ACTION:	
PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES I ADDRESS YOU GIVE MUST BE THE ADDRESS THAT CONTACT YOU AND MAIL DOCUMENTS TO YOU. A NUMBER IS REQUIRED	THE COURT MAY
David J. Ball 165232 NAME - FULL NAME PLEASE - PRINT	Same approximation of the same approximation
PO BOX 1812	. 1
ADDRESS: STREET, CITY, STATE AND ZIP CODE	- The state of the
Marion Ohio 43301	is more notice that when the a section of the supplemental and the section of the supplemental and the section of the section
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TELEPHONE NUMBER	Andrew Control of the
AMMILIOUL INCIDEN	

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

Case: 2:20-cv-01759-MHW-EPD Doc #: 3 Filed: 04/23/20 Page: 2 of 6 PAGEID #: 45 IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO (1)
- B IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1	PARTIES TO THIS PREVIOUS LAWSUIT
3 ÷	PLAINTIFFS: H/A
	DEFENDANTS:
2.	COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)
3.	DOCKET NUMBER
4.	NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED
5.	DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)
6.	APPROXIMATE DATE OF THE FILING OF THE LAWSUIT $ \lambda / A $
7.	APPROXIMATE DATE OF THE DISPOSITION

DEFENDANTS:

	CE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON
	FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT
APP	EARS WITH FULL ADDRESS FOR PROPER SERVICE.
1::	State of Ohio
	NAMES - FULL NAME PLEASE
	ADDRESS-STREET, CITY, STATE AND ZIP CODE
2.	Ohio DePort Ment of Rehabilitation and Correction
	4545 Fisher Rd. 6 Columbus, Ohio 43228
3.	
4.	
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5.	
6.	

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

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STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

I'M in Prison at North Central
Correctional Complex and I'M in
harm way of the Covid-19 (Coronavirus)
and I work in the food Survice
here. Here at NCCC There are
about 2,000 Plus in Motes here and
We are Not able to be 6 Ft. apart
in are Dory do to having about
250 in Motes in one Billeding and
the Staff that work Here are Not
Being tested for the Covid-19 Days
of wich there to work I was
a Sentence of 10 years and
with the over Packed Dorms and
ALCCC Not following the GFT rules
to help Stop the Covid-19
(coronavius) and Not testing any
Staff gives Me a Death Sentence
Because I'M Not able to Protect
My Self From the Covid-19 and I
have Heath Problems, There are
People getting Sick and No one
Being tested for the Covid-19

Case: 2:20-cv-01759-MHW-EPD Doc #: 3 Filed: 04/23/20 Page: 6 of 6 PAGEID #: 49 **RELIEF**

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